

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

HCR Manor Care PAC

ADDRESS (number and street)

333 North Summit Street

16th Floor

☐Check if different
than previously
reported. (ACC)

Toledo

OH

43604

2617

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00260141

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☒July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2008

through

06

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Frank Jannazo

Signature of Treasurer

Electronically Filed by Mr. Frank Jannazo

Date

07

14

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
HCR Manor Care PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		59846.35
(b) Cash on Hand at Beginning of Reporting Period	86751.11	
(c) Total Receipts (from Line 19)	56271.47	118239.11
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	143022.58	178085.46
7. Total Disbursements (from Line 31)	77435.92	112498.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	65586.66	65586.66
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
HCR Manor Care PAC

Report Covering the Period:

From:

M M D D Y Y W Y
0 4 0 1 2 0 0 8

To:

M M D D Y Y W Y
0 6 3 0 2 0 0 8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	46684.32	95484.77
(i) Itemized (use Schedule A)		
(ii) Unitemized	9495.80	22573.71
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	56180.12	118058.48
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	56180.12	118058.48
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	91.35	180.63
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	56271.47	118239.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	56271.47	118239.11

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	71500.00	93000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	5935.92	19498.80
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	77435.92	112498.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	77435.92	112498.80

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	56180.12	118058.48
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	56180.12	118058.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Anthony J Abela

Mailing Address 3622 Deerfield Ct

City

Grass Lake

State

MI

Zip Code

49240

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28532

Amount of Each Receipt this Period

259.60

Bi-Weekly Payroll Decucti-
on \$51.92

B.

Full Name (Last, First, Middle Initial)

Charlean Adams

Mailing Address 3523 East Manitou Circle

City

Muskegeon

State

MI

Zip Code

49441

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.24

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28535

Amount of Each Receipt this Period

334.62

Bi-Weekly Payroll Decucti-
on \$30.77

C.

Full Name (Last, First, Middle Initial)

Ms Gayla M. Adams

Mailing Address 239 County Rd 4328

City

Tenaha

State

TX

Zip Code

75974

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator - Holiday

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.42

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.28514

Amount of Each Receipt this Period

150.90

Bi-Weekly Payroll Decucti-
on \$25.15

SUBTOTAL of Receipts This Page (optional)

745.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Jennifer Adams

Mailing Address 6968 Havington Court

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28771

Amount of Each Receipt this Period

161.56

Bi-Weekly Payroll Decuti-
on \$23.08

B.

Full Name (Last, First, Middle Initial)

Martin D Allen

Mailing Address 7151 Whispering Oak

City

Sylvania

State

OH

Zip Code

43560

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

AVP / Dir Internal Aud & Risk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1326.93

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28489

Amount of Each Receipt this Period

980.79

Bi-Weekly Payroll Decuti-
on \$153.85

C.

Full Name (Last, First, Middle Initial)

John S. Austin

Mailing Address 328 Chanticleer Creek

City

New Stanton

State

PA

Zip Code

15672

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator - McMurray

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.47

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28719

Amount of Each Receipt this Period

141.33

Bi-Weekly Payroll Decuti-
on \$20.19

SUBTOTAL of Receipts This Page (optional)

1283.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Tammy Barker-Cronin

Mailing Address 4521 Sutton Road

City

Britton

State

MI

Zip Code

49229

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

AVP - Quality Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

616.71

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28577

Amount of Each Receipt this Period

340.59

Bi-Weekly Payroll Decucti-
on \$49.71

B.

Full Name (Last, First, Middle Initial)

Jocelyn Barnes

Mailing Address 428 169th Court NE

City

Bradenton

State

FL

Zip Code

34212

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28580

Amount of Each Receipt this Period

245.00

Bi-Weekly Payroll Decucti-
on \$35.00

C.

Full Name (Last, First, Middle Initial)

Julie A Beckert

Mailing Address 3911 Buell Ave

City

Toledo

State

OH

Zip Code

43613

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Dir. Marketing/Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.55

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.28521

Amount of Each Receipt this Period

86.45

Bi-Weekly Payroll Decucti-
on \$28.85

SUBTOTAL of Receipts This Page (optional)

672.04

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

David Burke

Mailing Address 3908 Tricking Brook Dr.

City

Richmond

State

VA

Zip Code

23228

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.88

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28608

Amount of Each Receipt this Period

128.88

Bi-Weekly Payroll Decucti-
on \$19.23

B.

Full Name (Last, First, Middle Initial)

Kim Elaine Byk

Mailing Address 2202 Liberty St. South

City

Canton

State

MI

Zip Code

48188

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

AVP Clinical Support Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.88

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.28534

Amount of Each Receipt this Period

95.72

Bi-Weekly Payroll Decucti-
on \$47.86

C.

Full Name (Last, First, Middle Initial)

Dena L Byrd-Byrum

Mailing Address 113 Lowood Lane

City

Greenville

State

SC

Zip Code

29605

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.28658

Amount of Each Receipt this Period

150.00

Bi-Weekly Payroll Decucti-
on \$25.00

SUBTOTAL of Receipts This Page (optional)

374.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Charlie F Byrne

Mailing Address 4685 Rio Poco Court

City

Naples

State

FL

Zip Code

33109

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Sr Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.38

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28666

Amount of Each Receipt this Period

300.38

Bi-Weekly Payroll Decucti-
on \$44.23

B.

Full Name (Last, First, Middle Initial)

Nancy L Caras

Mailing Address 1260 Thornapple Dr

City

Osprey

State

FL

Zip Code

34229

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.40

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.28625

Amount of Each Receipt this Period

138.50

Bi-Weekly Payroll Decucti-
on \$27.70

C.

Full Name (Last, First, Middle Initial)

Mr. William Chenevert

Mailing Address 620 Ashbury Drive

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Vice President, Operations Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1520.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.28524

Amount of Each Receipt this Period

380.00

Bi-Weekly Payroll Decucti-
on \$190.00

SUBTOTAL of Receipts This Page (optional)

818.88

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Barry Chesterman

Mailing Address 13132 Ludlow Avenue

City

Huntington Woods

State

MI

Zip Code

48070

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Regional Rehab Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28547

Amount of Each Receipt this Period

203.00

Bi-Weekly Payroll Decucti-
on \$29.00

B.

Full Name (Last, First, Middle Initial)

Steven H Chowen

Mailing Address 1398 Penniman Ave.

City

plymouth

State

MI

Zip Code

48170

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.28725

Amount of Each Receipt this Period

250.00

Bi-Weekly Payroll Decucti-
on \$50.00

C.

Full Name (Last, First, Middle Initial)

Ms Denise Clements

Mailing Address 16953 S. Mohican Drive

City

Lockport

State

IL

Zip Code

60441

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator - Oak Lawn West

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.28620

Amount of Each Receipt this Period

120.00

Bi-Weekly Payroll Decucti-
on \$20.00

SUBTOTAL of Receipts This Page (optional)

573.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Stephen Coetzee

Mailing Address PO Box 85

City

State

Zip Code

Neport

PA

17074

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR. Manor Care

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28664

Amount of Each Receipt this Period

175.00

Bi-Weekly Payroll Decucti-
on \$25.00

B.

Full Name (Last, First, Middle Initial)

Ms Pamela Cox

Mailing Address 6238 Shadowood Circle

City

State

Zip Code

Naples

FL

34112

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR.ManorCare, Inc.

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28626

Amount of Each Receipt this Period

245.00

Bi-Weekly Payroll Decucti-
on \$35.00

C.

Full Name (Last, First, Middle Initial)

Douglas S Crail

Mailing Address 5704 Ashbrook Drive

City

State

Zip Code

Toledo

OH

43614

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Dir. Quality Mgmt

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.28495

Amount of Each Receipt this Period

100.00

Bi-Weekly Payroll Decucti-
on \$25.00

SUBTOTAL of Receipts This Page (optional)

520.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Cecilia Credille

Mailing Address 534 Hevern Drive

City

Wheaton

State

IL

Zip Code

60187

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.28433

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Ms Deborah Cszasz

Mailing Address 3715 Spear St.

City

Bethlehem

State

PA

Zip Code

18020

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Managed Care Consultant - Eastern

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28572

Amount of Each Receipt this Period

126.56

Bi-Weekly Payroll Decucti-
on \$18.08

C.

Full Name (Last, First, Middle Initial)

Jamie S D'Angelo

Mailing Address 26 Oakland Ave

City

Wheeling

State

WV

Zip Code

26003

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.68

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28541

Amount of Each Receipt this Period

137.48

Bi-Weekly Payroll Decucti-
on \$19.97

SUBTOTAL of Receipts This Page (optional)

1264.04

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Linda J Dailey

Mailing Address 126 Cornerstone Dr.

City

Marietta

State

OH

Zip Code

45750

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28721

Amount of Each Receipt this Period

154.00

Bi-Weekly Payroll Decucti-
on \$22.00

B.

Full Name (Last, First, Middle Initial)

Karen L Davidson

Mailing Address 612 W. Magnolia

City

Pana

State

IL

Zip Code

62557

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Dir^ Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

674.96

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28698

Amount of Each Receipt this Period

363.44

Bi-Weekly Payroll Decucti-
on \$51.92

C.

Full Name (Last, First, Middle Initial)

Brenda Decker

Mailing Address 69 E. Pettibone Street

City

Forty Fort

State

PA

Zip Code

18704

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.56

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28744

Amount of Each Receipt this Period

168.84

Bi-Weekly Payroll Decucti-
on \$24.12

SUBTOTAL of Receipts This Page (optional)

686.28

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Kathleen Dell

Mailing Address 5750 Belle Avenue

City

Davenport

State

IA

Zip Code

52807

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Regional Rehab Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.70

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28759

Amount of Each Receipt this Period

197.30

Bi-Weekly Payroll Decuti-
on \$28.50

B.

Full Name (Last, First, Middle Initial)

Timothy C Dietzen

Mailing Address 3615 Sunnyview Rd

City

Appleton

State

WI

Zip Code

54914

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.28645

Amount of Each Receipt this Period

150.00

Bi-Weekly Payroll Decuti-
on \$25.00

C.

Full Name (Last, First, Middle Initial)

Mr. Larry Doenitz

Mailing Address 3162 Crystal Court

City

Lambertville

State

MI

Zip Code

48144

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Director of Ops Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.28434

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

847.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

David K Donin

Mailing Address 11608 Everglade Court

City

North Potomac

State

MD

Zip Code

20878

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

393.77

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.28766

Amount of Each Receipt this Period

181.74

Bi-Weekly Payroll Decucti-
on \$30.29

B.

Full Name (Last, First, Middle Initial)

Ms Nancy Edwards

Mailing Address 5726 Rolbesay Drive

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

General Manager, Central Division

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28476

Amount of Each Receipt this Period

1344.00

Bi-Weekly Payroll Decucti-
on \$192.00

C.

Full Name (Last, First, Middle Initial)

R Michael Ferguson

Mailing Address 2450 Underhill Rd

City

Toledo

State

OH

Zip Code

43615

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

VP & Dir of Purchasing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.20

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28554

Amount of Each Receipt this Period

500.00

Bi-Weekly Payroll Decucti-
on \$76.92

SUBTOTAL of Receipts This Page (optional)

2025.74

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Sara M Fielding-Russell

Mailing Address 3601 Hawthorne Dr

City

Richfield

State

OH

Zip Code

44286

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.35

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28633

Amount of Each Receipt this Period

142.49

Bi-Weekly Payroll Decucti-
on \$17.03

B.

Full Name (Last, First, Middle Initial)

Elizabeth M Foley

Mailing Address 2313 Rockspring Rd

City

Toledo

State

OH

Zip Code

43614

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Legal Counsel II

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.35

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28679

Amount of Each Receipt this Period

227.15

Bi-Weekly Payroll Decucti-
on \$32.45

C.

Full Name (Last, First, Middle Initial)

Karen L Forrest

Mailing Address 3115 Wynstone Dr

City

Quincy

State

IL

Zip Code

62305

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

743.30

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28502

Amount of Each Receipt this Period

401.42

Bi-Weekly Payroll Decucti-
on \$59.54

SUBTOTAL of Receipts This Page (optional)

771.06

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 63

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Jamie Fox

Mailing Address 705A Allentown Rd

City

Sellersville

State

PA

Zip Code

18960

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	0	8

Transaction ID: SA11AI.28656

Amount of Each Receipt this Period

139.08

Bi-Weekly Payroll Decucti-
on \$20.20**B.**

Full Name (Last, First, Middle Initial)

George Frill

Mailing Address 2006 Hale Ct

City

Wyomiseing

State

PA

Zip Code

19610

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator - Laureldale

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.95

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	0	8

Transaction ID: SA11AI.28594

Amount of Each Receipt this Period

143.95

Bi-Weekly Payroll Decucti-
on \$22.79**C.**

Full Name (Last, First, Middle Initial)

Charles T George

Mailing Address 111 Pepperbush

City

Bellefontaine

State

OH

Zip Code

43311

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.11

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	0	8

Transaction ID: SA11AI.28509

Amount of Each Receipt this Period

185.29

Bi-Weekly Payroll Decucti-
on \$26.47

SUBTOTAL of Receipts This Page (optional)

468.32

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Mark Gloth

Mailing Address 2322 Hidden Brook Road

City

Finksburg

State

MD

Zip Code

21048

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

VP - Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.28750

Amount of Each Receipt this Period

5000.00

Payroll Deduction \$5000.00

B.

Full Name (Last, First, Middle Initial)

Larry Robert Godla

Mailing Address 1556 Mary Ellen Court

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

VP Develop/Construction

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28575

Amount of Each Receipt this Period

538.44

Bi-Weekly Payroll Decucti-
on \$76.92

C.

Full Name (Last, First, Middle Initial)

Mr. John Graham

Mailing Address 3000 Riva Ridge Rd

City

Toledo

State

OH

Zip Code

43615

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

VP/GM - Heartland Hospice

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.05

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28479

Amount of Each Receipt this Period

1076.95

Bi-Weekly Payroll Decucti-
on \$153.85

SUBTOTAL of Receipts This Page (optional)

6615.39

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Ruth G Graziano

Mailing Address 503 Elk Mills Road

City

Oxford

State

PA

Zip Code

19363

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.05

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28604

Amount of Each Receipt this Period

376.95

Bi-Weekly Payroll Decucti-
on \$53.85

B.

Full Name (Last, First, Middle Initial)

Deborah L Gross

Mailing Address 687 Westview NW

City

Grand Rapids

State

MI

Zip Code

49504

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator - Crestview

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28592

Amount of Each Receipt this Period

140.00

Bi-Weekly Payroll Decucti-
on \$20.00

C.

Full Name (Last, First, Middle Initial)

Stephen L Guillard

Mailing Address 217 Garden St.

City

Needham

State

MA

Zip Code

02492

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.97

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28737

Amount of Each Receipt this Period

1346.11

Bi-Weekly Payroll Decucti-
on \$192.31

SUBTOTAL of Receipts This Page (optional)

1863.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Karen Harris

Mailing Address 8250 SW 8th St

City

North Lauderdale

State

FL

Zip Code

33068

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Assistant Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.13

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28563

Amount of Each Receipt this Period

154.07

Bi-Weekly Payroll Decucti-
on \$22.01

B.

Full Name (Last, First, Middle Initial)

Mr. Alan Hash

Mailing Address 9496South Dunbar Circle

City

South Jordan

State

UT

Zip Code

84095

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Regional Director - Western Division 5

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28567

Amount of Each Receipt this Period

210.00

Bi-Weekly Payroll Decucti-
on \$30.00

C.

Full Name (Last, First, Middle Initial)

Kevin C Henricks

Mailing Address 23 Chicago St. Apt.G

City

Plainfield

State

IL

Zip Code

60544

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

532.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28555

Amount of Each Receipt this Period

292.00

Bi-Weekly Payroll Decucti-
on \$42.00

SUBTOTAL of Receipts This Page (optional)

656.07

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Timothy M Hock

Mailing Address 8054 Tillicum Grove North

City

Rockford

State

MI

Zip Code

49341

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28537

Amount of Each Receipt this Period

269.22

Bi-Weekly Payroll Decucti-
on \$38.46

B.

Full Name (Last, First, Middle Initial)

Mr. Paul E. Hoffman

Mailing Address 4829 Rhone Drive

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Director of Ops Support - Midstates

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.13

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28651

Amount of Each Receipt this Period

162.79

Bi-Weekly Payroll Decucti-
on \$23.40

C.

Full Name (Last, First, Middle Initial)

Lynn M Hood

Mailing Address 15415 Meadow Wood Dr

City

Wellington

State

FL

Zip Code

33414

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Asst General Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28504

Amount of Each Receipt this Period

665.00

Bi-Weekly Payroll Decucti-
on \$95.00

SUBTOTAL of Receipts This Page (optional)

1097.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Lynn M Hood

Mailing Address 15415 Meadow Wood Dr

City

Wellington

State

FL

Zip Code

33414

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Asst General Mgr

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

3235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.28435

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Kathryn Hoops

Mailing Address 24708 McCutchenville Road

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

VP of Tax

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28678

Amount of Each Receipt this Period

346.14

Bi-Weekly Payroll Decucti-
on \$115.38

C.

Full Name (Last, First, Middle Initial)

Mr. John Huber

Mailing Address 26448 Carronade Drive

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28525

Amount of Each Receipt this Period

315.00

Bi-Weekly Payroll Decucti-
on \$45.00

SUBTOTAL of Receipts This Page (optional)

2661.14

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 63

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Rebecca J Hullinger

Mailing Address 1250 Horseshoe Cir #105

City

Ann Arbor

State

MI

Zip Code

48108

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Clinical Prog Implem Consult

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28484

Amount of Each Receipt this Period

280.00

Bi-Weekly Payroll Decucti-
on \$40.00

B.

Full Name (Last, First, Middle Initial)

Frank A Jannazo

Mailing Address 3466 Country Farms Road

City

Oregon

State

OH

Zip Code

43616

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Dir^ Accounts Receivable

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28491

Amount of Each Receipt this Period

245.00

Bi-Weekly Payroll Decucti-
on \$35.00

C.

Full Name (Last, First, Middle Initial)

Ms Diane Johnson

Mailing Address 206 Ruth Road

City

Fleetwood

State

PA

Zip Code

19522

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR.ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

934.44

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28569

Amount of Each Receipt this Period

503.16

Bi-Weekly Payroll Decucti-
on \$71.88

SUBTOTAL of Receipts This Page (optional)

1028.16

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Nancy E Johnson

Mailing Address 4266 Shire Landing

City

Hillard

State

OH

Zip Code

43026

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Regional Director of Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

649.84

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28763

Amount of Each Receipt this Period

354.46

Bi-Weekly Payroll Decucti-
on \$51.20

B.

Full Name (Last, First, Middle Initial)

Ken Kang

Mailing Address 513 Adams Street
Apt. #909

City

Toledo

State

OH

Zip Code

43604

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Analyst - Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.23

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28657

Amount of Each Receipt this Period

103.85

Bi-Weekly Payroll Decucti-
on \$11.54

C.

Full Name (Last, First, Middle Initial)

Vivian Kiraly

Mailing Address 103 Kama Lane

City

Cross Lanes

State

WV

Zip Code

25313

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28590

Amount of Each Receipt this Period

185.50

Bi-Weekly Payroll Decucti-
on \$26.50

SUBTOTAL of Receipts This Page (optional)

643.81

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Andrew Koha

Mailing Address 7620 Isaac Drive

City

Middleburg Heights

State

OH

Zip Code

44130

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

RDO - Central 5

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28696

Amount of Each Receipt this Period

350.00

Bi-Weekly Payroll Decucti-
on \$50.00

B.

Full Name (Last, First, Middle Initial)

Amy LaFleur

Mailing Address 207 S. Ann Arbor St.

City

Saline

State

MI

Zip Code

48176

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR. Manor Care, Inc

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28543

Amount of Each Receipt this Period

273.00

Bi-Weekly Payroll Decucti-
on \$39.00

C.

Full Name (Last, First, Middle Initial)

Michael Lavin

Mailing Address 205 Foxmanor Lane

City

Glen Burnie

State

MD

Zip Code

21061

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

AIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.37

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28715

Amount of Each Receipt this Period

180.25

Bi-Weekly Payroll Decucti-
on \$25.75

SUBTOTAL of Receipts This Page (optional)

803.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Terry L Lawrence Nelson

Mailing Address 1880 Oldfield Dr.

City

Huntingtown

State

MD

Zip Code

20639

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Clinical Services ConsultantRN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

475.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28739

Amount of Each Receipt this Period

255.78

Bi-Weekly Payroll Decucti-
on \$36.54

B.

Full Name (Last, First, Middle Initial)

Larry C Lester

Mailing Address 13507 Westbrook

City

Plymouth

State

MI

Zip Code

48170

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

General Mgr^ VP Marketing

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1105.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28545

Amount of Each Receipt this Period

595.00

Bi-Weekly Payroll Decucti-
on \$85.00

C.

Full Name (Last, First, Middle Initial)

Rebecca R Lichtenberger

Mailing Address 558 N. Hillcrest Blvd.

City

Decatur

State

IL

Zip Code

62522

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Clinical Services Consultant

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

301.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28596

Amount of Each Receipt this Period

162.40

Bi-Weekly Payroll Decucti-
on \$23.20

SUBTOTAL of Receipts This Page (optional)

1013.18

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Kathleen A Long

Mailing Address 4815 Woodmark Court

City

Fort Wayne

State

IN

Zip Code

46815

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.80

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.28690

Amount of Each Receipt this Period

185.90

Bi-Weekly Payroll Decucti-
on \$14.30

B.

Full Name (Last, First, Middle Initial)

Carrie Lund

Mailing Address 14802 Dunston Place

City

Tampa

State

FL

Zip Code

33618

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Sr. Administrator - Palm Harbor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

574.99

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28634

Amount of Each Receipt this Period

309.61

Bi-Weekly Payroll Decucti-
on \$44.23

C.

Full Name (Last, First, Middle Initial)

Anita M Martinez

Mailing Address 909 Gainesway Court

City

Florissant

State

MO

Zip Code

63034

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28624

Amount of Each Receipt this Period

149.00

Bi-Weekly Payroll Decucti-
on \$25.96

SUBTOTAL of Receipts This Page (optional)

644.51

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Janet Mastrangelo (Howells)

Mailing Address 266 Crossing Creek North

City

Gahanna

State

OH

Zip Code

43230

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Assistant Vice President of Rehab

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28538

Amount of Each Receipt this Period

275.00

Bi-Weekly Payroll Decucti-
on \$55.00

B.

Full Name (Last, First, Middle Initial)

Jill Matelan

Mailing Address 700 Golden Drive

City

Blandon

State

PA

Zip Code

19510

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc

Occupation

Administrator - Sinking Spring

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.28605

Amount of Each Receipt this Period

52.00

Bi-Weekly Payroll Decucti-
on \$26.00

C.

Full Name (Last, First, Middle Initial)

William J McDaniel II

Mailing Address 7420 Nightingale Dr. #13

City

Holland

State

OH

Zip Code

45328

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.90

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28727

Amount of Each Receipt this Period

128.10

Bi-Weekly Payroll Decucti-
on \$18.30

SUBTOTAL of Receipts This Page (optional)

455.10

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Mrs. Mary McKain-Knepper

Mailing Address R 458 Plane Street

City

Weatherly

State

PA

Zip Code

18255

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Clinical Services Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.28442

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Deborah A McMonagle

Mailing Address 1632 Patricia Ave

City

Willow Grove

State

PA

Zip Code

19090

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.04

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.28723

Amount of Each Receipt this Period

377.52

Bi-Weekly Payroll Decucti-
on \$29.04

C.

Full Name (Last, First, Middle Initial)

Murry J Mercier

Mailing Address 7110 Oak Bluff Lane

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

VP Dir of Information Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28706

Amount of Each Receipt this Period

1346.17

Bi-Weekly Payroll Decucti-
on \$192.31

SUBTOTAL of Receipts This Page (optional)

1973.69

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 31 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Stacy H Mesaros

Mailing Address 1304 234th Pl

City

Des Moines

State

WA

Zip Code

98198

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.28638

Amount of Each Receipt this Period

120.00

Bi-Weekly Payroll Decucti-
on \$20.00

B.

Full Name (Last, First, Middle Initial)

Scott Miller

Mailing Address 198 Old Mill Drive

City

Langhorne

State

PA

Zip Code

19047

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Sr Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.03

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28598

Amount of Each Receipt this Period

296.17

Bi-Weekly Payroll Decucti-
on \$42.31

C.

Full Name (Last, First, Middle Initial)

Spencer Moler

Mailing Address 8645 Ponte Vedra Court

City

Holland

State

OH

Zip Code

43528

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

VP/Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.42

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.28490

Amount of Each Receipt this Period

384.56

Bi-Weekly Payroll Decucti-
on \$192.25

SUBTOTAL of Receipts This Page (optional)

800.73

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Ms Susan Morey

Mailing Address 700 Hunters Road

City

Mohnton

State

PA

Zip Code

19540

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.28570

Amount of Each Receipt this Period

200.00

Bi-Weekly Payroll Decucti-
on \$50.00

B.

Full Name (Last, First, Middle Initial)

Ms Joylin Nation

Mailing Address 15985 Voyageurs Place

City

West Palm Beach

State

FL

Zip Code

33414

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Senior Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28478

Amount of Each Receipt this Period

269.22

Bi-Weekly Payroll Decucti-
on \$38.46

C.

Full Name (Last, First, Middle Initial)

David K Nees

Mailing Address 5315 Rymoor Drive

City

Sylvania

State

OH

Zip Code

43560

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc

Occupation

Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1092.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28561

Amount of Each Receipt this Period

588.00

Bi-Weekly Payroll Decucti-
on \$84.00

SUBTOTAL of Receipts This Page (optional)

1057.22

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Linda Neumann

Mailing Address 28 Roslyn Road

City

Grosse Pointe Shor

State

MI

Zip Code

48236

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.15

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28511

Amount of Each Receipt this Period

576.15

Bi-Weekly Payroll Decucti-
on \$93.63

B.

Full Name (Last, First, Middle Initial)

Gordon C Ochs

Mailing Address 2505 Waterford Court

City

Palmetto

State

FL

Zip Code

34221

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28523

Amount of Each Receipt this Period

350.00

Bi-Weekly Payroll Decucti-
on \$50.00

C.

Full Name (Last, First, Middle Initial)

Ms Leslie Ohm

Mailing Address 12331 South 71st Avenue

City

Palos Heights

State

IL

Zip Code

60463

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.90

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28574

Amount of Each Receipt this Period

403.90

Bi-Weekly Payroll Decucti-
on \$57.70

SUBTOTAL of Receipts This Page (optional)

1330.05

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Annette Orlowski

Mailing Address 669 Highway 60

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Director, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

751.79

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28551

Amount of Each Receipt this Period

404.81

Bi-Weekly Payroll Decucti-
on \$57.83

B.

Full Name (Last, First, Middle Initial)

Ann E Otley

Mailing Address 333 W Wooster St

City

Bowling Green

State

OH

Zip Code

43402

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Director of Corporate Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28497

Amount of Each Receipt this Period

245.00

Bi-Weekly Payroll Decucti-
on \$35.00

C.

Full Name (Last, First, Middle Initial)

Mr. David Parker

Mailing Address 2154 Tremont Road

City

Columbus

State

OH

Zip Code

43212

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

VP Assistant General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

853.66

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28533

Amount of Each Receipt this Period

461.38

Bi-Weekly Payroll Decucti-
on \$66.00

SUBTOTAL of Receipts This Page (optional)

1111.19

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 63

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Richard A Parr II

Mailing Address 2253 Gray Fox Court

City

Ann Arbor

State

MI

Zip Code

48103

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

VP - General Counsel & Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	0	8

Transaction ID: SA11AI.28755

Amount of Each Receipt this Period

1346.17

Bi-Weekly Payroll Decucti-
on \$192.31**B.**

Full Name (Last, First, Middle Initial)

Douglas M Parson

Mailing Address 812 Countay Club Drive

City

Butler

State

MO

Zip Code

64730

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.05

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	0	8

Transaction ID: SA11AI.28685

Amount of Each Receipt this Period

126.30

Bi-Weekly Payroll Decucti-
on \$21.05**C.**

Full Name (Last, First, Middle Initial)

Deborah A Parziale

Mailing Address 8850 Little Creek Road

City

Reno

State

NV

Zip Code

89506

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	0	8

Transaction ID: SA11AI.28747

Amount of Each Receipt this Period

210.00

Bi-Weekly Payroll Decucti-
on \$35.00

SUBTOTAL of Receipts This Page (optional)

1682.47

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Karen K Phelps

Mailing Address Rt. 4^ Box 87p

City

Tecumseh

State

OK

Zip Code

74873

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Admin Dir Of Nursing Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28573

Amount of Each Receipt this Period

210.00

Bi-Weekly Payroll Decucti-
on \$30.00

B.

Full Name (Last, First, Middle Initial)

David III Pipkin

Mailing Address 9211 Marydell Rd

City

Ellicott City

State

MD

Zip Code

21042

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.64

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28709

Amount of Each Receipt this Period

352.94

Bi-Weekly Payroll Decucti-
on \$50.42

C.

Full Name (Last, First, Middle Initial)

Clifton J Porter II

Mailing Address 3929 Azalea Circle

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

AVP^ Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

808.59

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28544

Amount of Each Receipt this Period

439.41

Bi-Weekly Payroll Decucti-
on \$63.27

SUBTOTAL of Receipts This Page (optional)

1002.35

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Michael J Reed

Mailing Address 3899 Midshore Drive

City

Naples

State

FL

Zip Code

34109

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

VP Assisted Living Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.36

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.28749

Amount of Each Receipt this Period

346.12

Bi-Weekly Payroll Decucti-
on \$86.50

B.

Full Name (Last, First, Middle Initial)

Margaret A Reitmeyer

Mailing Address 13 Gregory Drive

City

Kenvil

State

NJ

Zip Code

07847

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.36

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28618

Amount of Each Receipt this Period

245.00

Bi-Weekly Payroll Decucti-
on \$35.00

C.

Full Name (Last, First, Middle Initial)

John I Remenar

Mailing Address 2723 Rexton Ridge Rd

City

Toledo

State

OH

Zip Code

43617

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

VP Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1940.12

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28494

Amount of Each Receipt this Period

1044.68

Bi-Weekly Payroll Decucti-
on \$149.24

SUBTOTAL of Receipts This Page (optional)

1635.80

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 63

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Damian M Rodgers

Mailing Address 4647 Calico Court

City

Monclova

State

OH

Zip Code

43542

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Legal Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	0	8

Transaction ID: SA11AI.28754

Amount of Each Receipt this Period

141.24

Bi-Weekly Payroll Decucti-
on \$35.31**B.**

Full Name (Last, First, Middle Initial)

Glen Roebuck

Mailing Address 314 Forest Road

City

Davenport

State

IA

Zip Code

52803

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

559.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	0	8

Transaction ID: SA11AI.28582

Amount of Each Receipt this Period

319.00

Bi-Weekly Payroll Decucti-
on \$47.80**C.**

Full Name (Last, First, Middle Initial)

David R Roth

Mailing Address 5257 Bentwood Drive

City

Mason

State

OH

Zip Code

45040

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Director Of Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	0	8

Transaction ID: SA11AI.28492

Amount of Each Receipt this Period

154.00

Bi-Weekly Payroll Decucti-
on \$22.00

SUBTOTAL of Receipts This Page (optional)

614.24

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Lynette M Rugg

Mailing Address 1348 Oakland Circle

City

N. Aurora

State

IL

Zip Code

60542

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.91

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28722

Amount of Each Receipt this Period

178.29

Bi-Weekly Payroll Decuti-
on \$25.47

B.

Full Name (Last, First, Middle Initial)

Richard G Rump

Mailing Address 2423 Heather Glen Dr

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Dir^ Corporate Communication

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

642.46

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28558

Amount of Each Receipt this Period

345.94

Bi-Weekly Payroll Decuti-
on \$49.42

C.

Full Name (Last, First, Middle Initial)

Ms Jane M. Russell

Mailing Address 420 South Clinton Avenue

City

Chicago

State

IL

Zip Code

60607

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Executive Director - Elk Grove Arden

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.28444

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

774.23

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Francis J Schmitt

Mailing Address 4007 Thistle Hill Court

City

Sugar Land

State

TX

Zip Code

77479

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

VP^ Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.28483

Amount of Each Receipt this Period

240.00

Bi-Weekly Payroll Decucti-
on \$80.00

B.

Full Name (Last, First, Middle Initial)

Bruce G Schroeder

Mailing Address 10945 Lakeview Dr

City

Whitehouse

State

OH

Zip Code

43571

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

AVP Home Health

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28488

Amount of Each Receipt this Period

420.00

Bi-Weekly Payroll Decucti-
on \$60.00

C.

Full Name (Last, First, Middle Initial)

Mr. Mark Schroepfer

Mailing Address 2328 Bonnie Brae

City

Santa Ana

State

CA

Zip Code

92706

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR.ManorCare, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.28601

Amount of Each Receipt this Period

120.00

Bi-Weekly Payroll Decucti-
on \$20.00

SUBTOTAL of Receipts This Page (optional)

780.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Edward Schuch

Mailing Address 304 Adriana Court

City

Northampton

State

PA

Zip Code

18067

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.14

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28607

Amount of Each Receipt this Period

217.14

Bi-Weekly Payroll Decucti-
on \$31.02

B.

Full Name (Last, First, Middle Initial)

Susan Sexton

Mailing Address 7645 Yawberg Road

City

Whitehouse

State

OH

Zip Code

43571

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Senior Manager - Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.81

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28553

Amount of Each Receipt this Period

233.59

Bi-Weekly Payroll Decucti-
on \$33.37

C.

Full Name (Last, First, Middle Initial)

Theresa J Smelser

Mailing Address 202 N. Elm Hurst Rd.

City

Prospect Heights

State

IL

Zip Code

60070

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Sr Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.45

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28616

Amount of Each Receipt this Period

214.13

Bi-Weekly Payroll Decucti-
on \$31.75

SUBTOTAL of Receipts This Page (optional)

664.86

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Dean A Smith

Mailing Address 5918 Johnson Street

City

Cantonsville

State

MD

Zip Code

21228

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.01

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.28764

Amount of Each Receipt this Period

154.44

Bi-Weekly Payroll Decuti-
on \$25.74

B.

Full Name (Last, First, Middle Initial)

Joyce Louise Smith

Mailing Address 3521 Cedar Creek Court

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

VP^ Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.30

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28480

Amount of Each Receipt this Period

317.30

Bi-Weekly Payroll Decuti-
on \$158.65

C.

Full Name (Last, First, Middle Initial)

Arthur Spencer

Mailing Address 1669 Belleville Way # J

City

Sunnyvale

State

CA

Zip Code

94087

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.28445

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

971.74

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Patricia Jane Stahr

Mailing Address 807 Johnston Drive

City

Bethlehem

State

PA

Zip Code

18017

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Admin Dir Of Nursing Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.61

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.28613

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Anthony J Stinson

Mailing Address 3 Lynnefield Court

City

Medford

State

NJ

Zip Code

08055

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.23

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.28599

Amount of Each Receipt this Period

202.26

Bi-Weekly Payroll Decucti-
on \$33.71

C.

Full Name (Last, First, Middle Initial)

Ms Vicki Tomer

Mailing Address 500 Buckingham Place

City

Shorewood

State

IL

Zip Code

60431

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.28456

Amount of Each Receipt this Period

900.00

SUBTOTAL of Receipts This Page (optional)

1302.26

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Rami Ubaydi

Mailing Address 27134 Pumpkin Street

City

Murrieta

State

CA

Zip Code

92562

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

550.03

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28513

Amount of Each Receipt this Period

296.17

Bi-Weekly Payroll Decucti-
on \$42.31

B.

Full Name (Last, First, Middle Initial)

Cynthia A Walter

Mailing Address 1860 White Oak Drive

City

Sinking Spring

State

PA

Zip Code

19608

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28700

Amount of Each Receipt this Period

140.00

Bi-Weekly Payroll Decucti-
on \$20.00

C.

Full Name (Last, First, Middle Initial)

Mr. Douglas Wanke

Mailing Address 13908 Pondview Road

City

Silver Spring

State

MD

Zip Code

20905

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Director of Health Planning

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28576

Amount of Each Receipt this Period

385.00

Bi-Weekly Payroll Decucti-
on \$55.00

SUBTOTAL of Receipts This Page (optional)

821.17

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 63

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Kim M Ward

Mailing Address 2414 Greendale Road

City

Wilmington

State

DE

Zip Code

19810

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

393.77

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	0	8

Transaction ID: SA11AI.28757

Amount of Each Receipt this Period

212.03

Bi-Weekly Payroll Decucti-
on \$30.29**B.**

Full Name (Last, First, Middle Initial)

Susan Ward

Mailing Address 12 Arapaho

City

Shawnee

State

OK

Zip Code

74801

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	8

Transaction ID: SA11AI.28695

Amount of Each Receipt this Period

249.99

Bi-Weekly Payroll Decucti-
on \$19.23**C.**

Full Name (Last, First, Middle Initial)

Candy L White

Mailing Address 3514 Sylvan Lane

City

Peoria

State

IL

Zip Code

61615

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	0	8

Transaction ID: SA11AI.28670

Amount of Each Receipt this Period

150.00

Bi-Weekly Payroll Decucti-
on \$25.00

SUBTOTAL of Receipts This Page (optional)

612.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Robert Wilcox

Mailing Address 5208 Dry Wells Rd

City

Austin

State

TX

Zip Code

78749

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.03

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28584

Amount of Each Receipt this Period

121.17

Bi-Weekly Payroll Decucti-
on \$17.31

B.

Full Name (Last, First, Middle Initial)

Dan Wood

Mailing Address 844 Miami Street

City

Toledo

State

OH

Zip Code

43605

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Asst General Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

826.80

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28564

Amount of Each Receipt this Period

445.20

Bi-Weekly Payroll Decucti-
on \$63.6

C.

Full Name (Last, First, Middle Initial)

Ms Sherriann Wood

Mailing Address 5 Aberfield Lane

City

Miamisburg

State

OH

Zip Code

45342

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

RDO - Central Division Region 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.11

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28477

Amount of Each Receipt this Period

196.01

Bi-Weekly Payroll Decucti-
on \$29.47

SUBTOTAL of Receipts This Page (optional)

762.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Cynthia M Zalewski

Mailing Address 3845 Drummond Rd

City

Toledo

State

OH

Zip Code

43613

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Senior Attorney

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

477.62

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28542

Amount of Each Receipt this Period

257.18

Bi-Weekly Payroll Decuti-
on \$36.74

SUBTOTAL of Receipts This Page (optional)

257.18

TOTAL This Period (last page this line number only)

46684.32

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 48 / 63

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
CARNEY FOR CONGRESS

Mailing Address P.O. Box A

City State Zip Code
Clarks Summit PA 18411

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.28816

Date of Disbursement

M M / D D / Y Y Y Y
06 / 05 / 2008

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)
CHRISTENSEN, DONNA M

Mailing Address PO Box 222541
PO BOX 2541

City State Zip Code
St. Croix VI 00822

Purpose of Disbursement
Luncheon Event on 06/19/2008

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.28831

Date of Disbursement

M M / D D / Y Y Y Y
06 / 18 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
CIRO D. RODRIGUEZ FOR CONGRESS

Mailing Address PO Box 14528

City State Zip Code
San Antonio TX 78214

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.28820

Date of Disbursement

M M / D D / Y Y Y Y
06 / 05 / 2008

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
COLEMAN FOR SENATE 08

Mailing Address 7300 HUDSON BLVD SUITE 270A

City State Zip Code
ST PAUL MN 55128

Purpose of Disbursement
Breakfast Event on 04/29/08

Candidate Name

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: MN District: 00

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.28786

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)
COLLINS FOR SENATOR

Mailing Address PO BOX 1096

City State Zip Code
BANGOR ME 04402

Purpose of Disbursement
Dinner Event on 06/30/08

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.28827

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3500.00

C.

Full Name (Last, First, Middle Initial)
COMMITTEE TO ELECT CHRIS MURPHY

Mailing Address P.O. Box 127

City State Zip Code
Cheshire CT 06410

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.28818

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 50 / 63

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial) EVERY REPUBLICAN IS CRUCIAL (ERICPAC)	Transaction ID: SB23.28826 Date of Disbursement
Mailing Address 25 East Main Street Suite 200	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 0 / 2 0 0 8</div> </div>
City Richmond State VA Zip Code 23219	Amount of Each Disbursement this Period
Purpose of Disbursement Breakfast Event on 06/18/08	<div> <div></div> <div>1000.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID	Transaction ID: SB23.28805 Date of Disbursement
Mailing Address P.O. BOX 19163	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 5 / 2 0 0 8</div> </div>
City LAS VEGAS State NV Zip Code 89132	Amount of Each Disbursement this Period
Purpose of Disbursement Breakfast Event on 05/15/08	<div> <div></div> <div>2500.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER	Transaction ID: SB23.28821 Date of Disbursement
Mailing Address 7908-12 Cincinnati Dayton Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 5 / 2 0 0 8</div> </div>
City West Chester State OH Zip Code 45069	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div> <div></div> <div>5000.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
FRIENDS OF KENT CONRAD

Mailing Address PO BOX 812

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement
Breakfast Event on 05/21/08

Candidate Name

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: ND District: 00

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.28807

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
FRIENDS OF MARK WARNER

Mailing Address 1029 NORTH ROYAL STREET 2ND FL

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Luncheon Event on 05/14/08

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.28804

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
GIFFORDS FOR CONGRESS

Mailing Address PO Box 12886

City Tucson State AZ Zip Code 85732

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.28815

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
GIFFORDS FOR CONGRESS

Mailing Address PO Box 12886

City Tucson State AZ Zip Code 85732

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.28824

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
GLACIER PAC

Mailing Address 818 Connecticut Ave. NW #1009
Suite 1009

City Washington State DC Zip Code 20006

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.28812

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)
HOOSIERS FOR HILL

Mailing Address PO Box 1071

City Seymour State IN Zip Code 47274

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.28814

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) JOHN KERRY FOR SENATE</p> <hr/> <p>Mailing Address 10 G STREET NE SUITE 710</p> <hr/> <p>City WASHINGTON State DC Zip Code 20002</p> <hr/> <p>Purpose of Disbursement Luncheon Event on 05/09/08</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <hr/> <p>State: District:</p>	<p>Transaction ID: SB23.28803 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 1 / 2 0 0 8</div></p> <hr/> <p>Amount of Each Disbursement this Period <div>1000.00</div></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) JOHN MCCAIN 2008 INC.</p> <hr/> <p>Mailing Address PO BOX 16118</p> <hr/> <p>City ARLINGTON State VA Zip Code 22215</p> <hr/> <p>Purpose of Disbursement Reception on 04/22/08</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <hr/> <p>State: District:</p>	<p>Transaction ID: SB23.28800 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 5 / 2 0 0 8</div></p> <hr/> <p>Amount of Each Disbursement this Period <div>2500.00</div></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) KLEIN FOR CONGRESS</p> <hr/> <p>Mailing Address 301 Yamato Road Suite 2198</p> <hr/> <p>City BOCA RATON State FL Zip Code 33433</p> <hr/> <p>Purpose of Disbursement Contribution</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <hr/> <p>State: FL District: 22</p>	<p>Transaction ID: SB23.28808 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 9 / 2 0 0 8</div></p> <hr/> <p>Amount of Each Disbursement this Period <div>2500.00</div></p>

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
MCNERNEY FOR CONGRESS

Mailing Address 6520 Village Parkway
Second Floor

City Dublin State CA Zip Code 94568

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.28813

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
MCNERNEY FOR CONGRESS

Mailing Address 6520 Village Parkway
Second Floor

City Dublin State CA Zip Code 94568

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.28825

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
MELISSA BEAN FOR CONGRESS

Mailing Address POST OFFICE BOX 3068

City BARRINGTON State IL Zip Code 60010

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.28817

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
MONTANA DEMOCRATIC PARTY

Mailing Address PO Box 802

City Helena State MT Zip Code 59624

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.28801

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
NANCY PELOSI FOR CONGRESS

Mailing Address 235 Montgomery Street
Suite 610

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Breakfast Event on 04/22/08

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.28790

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
NANCY PELOSI FOR CONGRESS

Mailing Address 235 Montgomery Street
Suite 610

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Breakfast Event on 04/22/08

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.28791

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
STIVERS FOR CONGRESS

Mailing Address 81 S FIFTH STREET

City State Zip Code
COLUMBUS OH 43215

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.28795

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)
STIVERS FOR CONGRESS

Mailing Address 81 S FIFTH STREET

City State Zip Code
COLUMBUS OH 43215

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.28822

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
TEAM SUNUNU

Mailing Address PO BOX 500

City State Zip Code
RYE NH 03870

Purpose of Disbursement
Dinner Event on 05/21/08

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.28806

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
TIBERI FOR CONGRESS

Mailing Address 2021 E Dublin Granville Road
Suite 2000

City State Zip Code
Columbus OH 43229

Purpose of Disbursement
Golf Outing Event on 05/30/08

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 12

Transaction ID: SB23.28802

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

71500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
Friends of Matthew J. Dolan

Mailing Address 100 7th Avenue #12

City Chardon State OH Zip Code 44024

Purpose of Disbursement
Event on 05/27/08

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.28810

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Friends of Matthew J. Dolan

Mailing Address 100 7th Avenue #12

City Chardon State OH Zip Code 44024

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.28823

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Friends of Matt Szollosi

Mailing Address 3166 N. Republic Blvd

City Toledo State OH Zip Code 43615

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.28798

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial) Jansen Legacy Fund	Transaction ID: SB29.28829 Date of Disbursement
Mailing Address 8287 Vista Royale Lane	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 8 / 2 0 0 8</div> </div>
City State Zip Code Rockford MI 49341	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) People for Pendergrass	Transaction ID: SB29.28811 Date of Disbursement
Mailing Address P. O. Box 6711	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 2 / 2 0 0 8</div> </div>
City State Zip Code Columbia MD 21045	Amount of Each Disbursement this Period
Purpose of Disbursement Event on 06/23/08	<div>250.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Teresa Fedor for Senate Committee	Transaction ID: SB29.28799 Date of Disbursement
Mailing Address 2054 Belvedere Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 1 / 2 0 0 8</div> </div>
City State Zip Code Toledo OH 43614	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial) The Green Team Majority Fund	Transaction ID: SB29.28828 Date of Disbursement
Mailing Address 4754 Karel Jean Court SW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 8 / 2 0 0 8</div> </div>
City Wyoming State MI Zip Code 49519	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) The Huntington National Bank	Transaction ID: SB29.28835 Date of Disbursement
Mailing Address P.O. Box 5065	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 3 / 2 0 0 8</div> </div>
City Cleveland State OH Zip Code 44101-0065	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Fees - Leroy	<div>0.83</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) The Huntington National Bank	Transaction ID: SB29.28844 Date of Disbursement
Mailing Address P.O. Box 5065	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 3 / 2 0 0 8</div> </div>
City Cleveland State OH Zip Code 44101-0065	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Fees - Rottach	<div>3.30</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

504.13

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial) The Huntington National Bank	Transaction ID: SB29.28845 Date of Disbursement																				
Mailing Address P.O. Box 5065	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
City Cleveland State OH Zip Code 44101-0065	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Fees - Forsha	<table border="1"> <tr> <td colspan="10">8.25</td> </tr> </table>	8.25																			
8.25																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) The Huntington National Bank	Transaction ID: SB29.28846 Date of Disbursement																				
Mailing Address P.O. Box 5065	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
City Cleveland State OH Zip Code 44101-0065	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Fees - Quinn	<table border="1"> <tr> <td colspan="10">1.65</td> </tr> </table>	1.65																			
1.65																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) The Huntington National Bank	Transaction ID: SB29.28836 Date of Disbursement																				
Mailing Address P.O. Box 5065	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	0	8												
City Cleveland State OH Zip Code 44101-0065	Amount of Each Disbursement this Period																				
Purpose of Disbursement Service Fees - 0408	<table border="1"> <tr> <td colspan="10">85.54</td> </tr> </table>	85.54																			
85.54																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

95.44

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial) The Huntington National Bank	Transaction ID: SB29.28837 Date of Disbursement
Mailing Address P.O. Box 5065	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 5 / 2 0 0 8</div> </div>
City Cleveland State OH Zip Code 44101-0065	Amount of Each Disbursement this Period
Purpose of Disbursement Service Fees - 0508	<div> <div></div> <div>43.90</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) The Huntington National Bank	Transaction ID: SB29.28838 Date of Disbursement
Mailing Address P.O. Box 5065	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 6 / 2 0 0 8</div> </div>
City Cleveland State OH Zip Code 44101-0065	Amount of Each Disbursement this Period
Purpose of Disbursement Service Fees - 0608	<div> <div></div> <div>41.95</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) The Huntington National Bank	Transaction ID: SB29.28843 Date of Disbursement
Mailing Address P.O. Box 5065	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 9 / 2 0 0 8</div> </div>
City Cleveland State OH Zip Code 44101-0065	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Fees - Byrd	<div> <div></div> <div>0.50</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

86.35

TOTAL This Period (last page this line number only)

5935.92